

4-260037

C-99-007

Joyce Smith (360) 407-7206 / FAX; (360) 407-7154
Lisa Shriver (360) 407-7203

UNDERGROUND STORAGE TANK

30 DAY NOTICE

CORRECTED COPY (S/B (2) TANK REMOVALS
See back of form for instructions

Please check the appropriate box: ☐ Intent to Install ☐ Intent to Close ☒ Both

FOR OFFICE USE ONLY

NR

4-260037

Once validated by Ecology, this form serves as a temporary permit for the tank(s) listed below.

TEMPORARY PERMIT

VALID UNTIL

DEC 15 1998

NOTE: COPY TO JOE HALL CONSTRUCTION
PER COVER SHEET REQUEST.....

Owner Information

(This form will be returned to this address)

UST Owner/Operator ELLEN MYERS

Mailing Address 4080 HARRAH ROAD

City/State HARRAH, WA 98933

Zip Code 98933 Telephone (509) 848-2282

Site Information

Site ID Number 4-2600-37 (??)

(Available from Ecology if the tanks are registered)

Site/Business Name HAROLDS GENERAL MARKET

Site Address 4080 HARRAH ROAD

City/State HARRAH, WA 98933

Zip Code 98933 Telephone (509) 848-2282

Tank Installation Company (If known). Fill out this section ONLY if tanks are being installed.

Service Company JOE HALL CONSTRUCTION, INC

Contact Name DON GEEK (b) (6)

Address 1317 54TH AVENUE EAST

Street

FIFE

State WA

P.O. Box

98424-1226

Telephone (253) 922-6815

City

Zip Code

Tank Permanent Closure Company (If known). Fill out this section ONLY if tanks are being closed.

Service Company JOE HALL CONSTRUCTION, INC.

Contact Name DON GEEK

Address 1317 54TH AVENUE EAST

Street

FIFE

State WA

P.O. Box

98424

Telephone (253) 922-6815

City

Zip Code

Tank Closure Information

Fill out this section ONLY if tanks are being closed.

Tank ID	Projected Closure Date	Tank Capacity	Substance Stored	Date Tank Last Used	Is There Product in This Tank (Yes/No)	If No, Date Tank Was Pumped
#1	11/14/98	2,000	GASOLINE		YES	
#2	11/14/98	2,000	GASOLINE		YES	

Tank Installation Information

Fill out this section ONLY if tanks are being installed.

Tank ID 1 Approx. Install Date 11/14/98

4,000 GALLON

GASOLINE TANK

U.S. EPA, REGION 10
UNDERGROUND STORAGE TANK PERMIT

94-95

Facility Number
4-260037

This facility, located within the boundaries of an Indian Reservation, has been registered with U.S. EPA, Region 10.

Facility Location:
HAROLDS GENERAL MERCHANDISE
4080 HARRAH RD
HARRAH, WA 98933

Owner Mailing Address:
ALLEN MYERS
160 S WAPATO RD
WAPATO, WA 98951

Permit effective January 1, 1994 through December 31, 1995.

The following tanks have been registered at this facility:

Tank #	Capacity	Substance Stored	Date Installed
1	2,000 Gal	- Gasoline	1979
2	2,000 Gal	- Gasoline	1979

Page 1 of 1

This permit may be revoked if the Owner/Operator violates any of the lawful rules or regulations promulgated under 40 CFR 280 and 281.

U.S. EPA Region 10; Underground Storage Tank Program; 1200 Sixth Avenue, Mailstop WD-133; Seattle, Washington 98101

NOTIFICATION DATA FOR UNDERGROUND STORAGE TANKS

FACILITY DATA

FACILITY ID NUMBER: 4-260037

OWNER'S ID : 232

DATE RECEIVED : 06-24-91

NOTIFICATION TYPE : Amended

NUMBER OF TANKS : 2

OWNERSHIP OF TANK(S):

Name : ALLEN MYERS
Mailing Address: 160 S WAPATO RD
City : WAPATO
Phone: (b) (6)

State : WA
County: YAKIMA

Zip Code: 98951

LOCATION OF TANK(S):

Name : HAROLDS GENERAL MERCHANDISE
Street Address: 4080 HARRAH RD
City : HARRAH
County: YAKIMA

State : WA
Latitude: NOT MARKED

Zip Code : 98933
Longitude: NOT MARKED

OWNER TYPE : Private

INDIAN LANDS :

Reservation/Trust Lands: YES
Owned by Tribe : NOT MARKED
Name of Tribe/Nation : YAKIMA

FACILITY TYPE(S):

Gas Station CONV STORE

CONTACT PERSON IN CHARGE OF TANKS:

Name : DOUGLAS E DEYO
Address: PO BOX 192
City : HARRAH
Phone : (b) (6)

Title: MANAGER

State: WA

Zip Code: 98933

CERTIFICATION:

Name : LARRY MYERS
Title: NOT MARKED
Date : 06-20-91

FINANCIAL RESPONSIBILITY:

I have met the financial requirements: NOT MARKED
Method(s):
NOT MARKED

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Signature: *Douglas E Deyo*

Date: 11-30-93

EPA - REGION 10
RECEIVED

DEC 06 1993

WATER DIVISION
DRINKING WATER/GROUND WATER

NOTIFICATION DATA FOR UNDERGROUND STORAGE TANKS

Page 1

Tank Data

FACILITY ID	4-260037	4-260037				
TANK ID	1	2				
Status of Tank						
Currently In Use	X	X				
Temp. Out of Use						
Perm. Out of Use						
Amendment						
Date of Installation	11-01-79	11-01-79				
Age	14	14				
Est. Total Capacity (Gals)	2,000	2,000				
Material of Construction						
Asphalt or Bare Steel	X	X				
Cath. Protected Steel						
Epoxy Coated Steel						
Composite						
Fiberglass Reinf. Plas.						
Lined Interior						
Double Walled						
Poly. Tank Jacket						
Concrete						
Excavation Liner						
Unknown						
Other, explanation						
Tank been repaired?						
Piping Material						
Bare Steel						
Galvanized Steel	X	X				
Fiberglass						
Copper						
Cathodically Protected						
Double Walled						
Secondary Containment						
Unknown						
Other, explanation						
Piping Type						
Suction: No Valve	X	X				
Suction: Valve						
Pressure						
Gravity Fed						
Piping been repaired?						
Substance Stored in Tank						
Gasoline	X	X				
Diesel						
Gasohol						
Kerosene						
Heating Oil						
Used Oil						
Other, explanation						

Tank Data

FACILITY ID*	4-260037	4-260037					
TANK ID	1	2					
Substance Stored in Tank							
Hazardous Substance							
CERCLA Name							
CAS Number							
Mixture							
Mixture, Specification							
Tanks Out of Use/Chg. Ser.							
Est. Date Last Used							
Est. Date Tank Closed							
Removed from Ground							
Closed in Ground							
Filled with Inert Mat.							
Inert Mat. Description							
Change in Service							
Site Assessment Compl.							
Leak Detected							
Installation							
Certified by Manufac.							
Certified by Imple. Agn*	X	X					
Inspected by Engineer							
Inspected by Imple. Agn*							
Checklists Completed	X	X					
Another Allowed Method							
Method Description							
Release Detection	Tank	Piping*	Tank	Piping*			
Manual Tank Gauging	X		X				
Tank Tightness Testing	X		X				
Inventory Controls	X		X				
Automatic Tank Gauging							
Vapor Monitoring							
Groundwater Monitoring							
Inter. Mon./Double Wall							
Inter. Mon./Sec. Cont.							
Auto. Line Leak Detect.							
Line Tightness Testing							
Other Method		1/12/94					
Other Description	TTT 3-2*	TTT 3-2*					
	3-91	3-91					
Spill and Overfill	X	X					
Overfill Device Inst.	SPRING 93	SPRING 93					
Spill Device Installed	SPRING 93	SPRING 93					
Installation							
Name	DON GECK	DON GECK					
Position	INSTALLER	INSTALLER					
Company	JOE HALL CONST	JOE HALL CONST					
Date							

U.S. EPA, REGION 10
UNDERGROUND STORAGE TANK PERMIT

'93

Facility Number
4-260037

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HAROLDS GENERAL MERCHANDISE
4080 HARRAH RD
HARRAH, WA 98933

Owner Mailing Address:
ALLEN MYERS
160 S WAPATO RD
WAPATO, WA 98951

Permit effective January 1, 1993 through December 31, 1993.

The following tanks have been registered at this facility:

Tank #	Capacity	Substance Stored	Date Installed
1	2,000 Gal	- Gasoline	1979
2	2,000 Gal	- Gasoline	1979

Notification for Underground Storage Tanks		STATE USE ONLY
<small>Agency Name and Address</small> U.S. EPA Region 10, Underground Storage Tank Program, 1200 Sixth Avenue WD-139, Seattle WA 98101		ID NUMBER 426 0037-232
TYPE OF NOTIFICATION		DATE RECEIVED 6/24/91
<input type="checkbox"/> A. NEW FACILITY <input checked="" type="checkbox"/> B. AMENDED <input type="checkbox"/> C. CLOSURE		A. Date Entered Into Computer 6/26/91 B. Data Entry Clerk Initials Kmh C. Owner Was Contacted to Clarify Responses. Comments
2 No. of tanks at facility _____ No. of continuation sheets attached		_____ _____ _____
INSTRUCTIONS		
Please type or print in ink all items except "signature" in section V. This form must be completed for each location containing underground storage tanks. If more than five (5) tanks are owned at this location, photocopy the following sheets, and staple continuation sheets to the form.		

GENERAL INFORMATION

Notification is required by Federal law for all underground tanks that have been used to store regulated substances since January 1, 1974, that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act, (RCRA), as amended.

The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or in the absence of such records, your knowledge, belief, or recollection.

Who Must Notify? Section 9002 of RCRA, as amended, requires that, unless exempted, owners of underground tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks. Owner means—

a) in the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances, and

b) in the case of any underground storage tank in use before November 8, 1984, but no longer is use on that date, any person who owned such tank immediately before the discontinuation of its use.

c) If the State agency so requires, any facility that has undergone any changes to facility information or tank system status (only amended tank information needs to be included).

What Tanks Are Included? Underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of "regulated substances," and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing: 1. Gasoline, used oil, or diesel fuel, and 2. industrial solvents, pesticides, herbicides or fumigants.

What Tanks Are Excluded? Tanks removed from the ground are not subject to notification. Other tanks excluded from notification are:

1. farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes;
2. tanks used for storing heating oil for consumptive use on the premises where stored;

3. septic tanks;
4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;
5. surface impoundments, pits, ponds, or lagoons;
6. storm water or waste water collection systems;
7. flow-through process tanks;
8. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
9. storage tanks situated in an underground area (such as a basement, cellar, mineworking drift, shaft, or tunnel) if the storage tank is situated upon or above the surface of the floor.

What Substances Are Covered? The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).

Where To Notify? Send completed forms to:

U.S. EPA Region 10
Underground Storage Tank Program
1200 Sixth Avenue WD-139
Seattle, WA 98101

When To Notify? 1. Owners of underground storage tanks in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days of bringing the tanks into use. 3. If the State requires notification of any amendments to the facility send information to State agency immediately.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.

I. OWNERSHIP OF TANK(S)	II. LOCATION OF TANK(S)
Owner Name (Corporation, Individual, Public Agency, or Other Entity) LUCKY DOLLAR STORES INC Street Address 2421 W WAPATO Rd WAPATO WA. 99851 City State ZIP Code YAKIMA County 509 877-4632 Phone Number (Include Area Code)	If required by State, give the geographic location of tanks by degrees, minutes, and seconds. Examples Lat. 42, 36, 12 N Long. 85, 24, 17 W Latitude _____ Longitude _____ (If same as Section I, mark box here <input type="checkbox"/>) Facility Name or Company Site Identifier, as applicable HAROLD'S GENERAL MERCHANDISE Street Address (P.O. Box not acceptable) 4 SOUTH MAIN STREET YAKIMA WA. 99233 City State Zip code YAKIMA County Municipality

III. TYPE OF OWNER	IV. INDIAN LANDS	
<input type="checkbox"/> Federal Government <input type="checkbox"/> Commercial <input type="checkbox"/> State Government <input checked="" type="checkbox"/> Private <input type="checkbox"/> Local Government	Tanks are located on land within an Indian Reservation or on other trust lands. <input checked="" type="checkbox"/> Tanks are owned by native American nation, tribe, or individual. <input type="checkbox"/>	Tribe or Nation: <u>YAKIMA</u>

V. TYPE OF FACILITY

Select the Appropriate Facility Description

- | | | |
|--|---|---|
| <input type="checkbox"/> Gas Station
<input type="checkbox"/> Petroleum Distributor
<input type="checkbox"/> Air Taxi (Airline)
<input type="checkbox"/> Aircraft Owner
<input type="checkbox"/> Auto Dealership | <input type="checkbox"/> Railroad
<input type="checkbox"/> Federal - Non-Military
<input type="checkbox"/> Federal - Military
<input type="checkbox"/> Industrial
<input type="checkbox"/> Contractor | <input type="checkbox"/> Trucking/Transport
<input type="checkbox"/> Utilities
<input type="checkbox"/> Residential
<input type="checkbox"/> Farm
<input checked="" type="checkbox"/> Other (Explain) <u>GROCERY STORE WITH GAS</u> |
|--|---|---|

VI. CONTACT PERSON IN CHARGE OF TANKS

Name	Job Title	Address	Phone Number (Include Area Code)
<u>DOUGLAS E. DEXO</u>		<u>303 IDY ST TOPPENISH WA. 98948</u>	(b) (6) [REDACTED]

VII. FINANCIAL RESPONSIBILITY

I have met the financial responsibility requirements in accordance with 40 CFR Subpart H ☐

Check All that Apply

- | | | |
|---|---|--|
| <input type="checkbox"/> Self Insurance
<input type="checkbox"/> Commercial Insurance
<input type="checkbox"/> Risk Retention Group | <input type="checkbox"/> Guarantee
<input type="checkbox"/> Surety Bond
<input type="checkbox"/> Letter of Credit | <input type="checkbox"/> State Funds
<input type="checkbox"/> Trust Fund
<input type="checkbox"/> Other Method Allowed Specify _____ |
|---|---|--|

VIII. CERTIFICATION (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's authorized representative (Print)

Signature

Date Signed

LARRY MYERS

[Signature]

6/20/91

EPA estimates public reporting burden for this form to average 30 minutes per response including time for reviewing instructions, gathering and maintaining the data needed and completing and reviewing the form. Send comments regarding this burden estimate to Chief, Information Policy Branch PM-223, U.S. Environmental Protection Agency, 401 M Street, Washington D.C. 20460, marked "Attention Desk Officer for EPA." This form amends the previous notification form as printed in 40 CFR Part 280, Appendix I. Previous editions of this notification form may be used while supplies last.

IX. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location.)

Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. _____	Tank No. _____	Tank No. _____
1. Status of Tank (mark only one)					
Currently in Use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily Out of Use (Remember to fill out section X.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently Out of Use (Remember to fill out section X.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amendment of Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Installation (mo./year)	<u>11/1979</u>	<u>11/1979</u>			
3. Estimated Total Capacity (gallons)	<u>2000</u>	<u>2000</u>			
4. Material of Construction (Mark all that apply)					
Asphalt Coated or Bare Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epoxy Coated Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (Steel with Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polyethylene Tank Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please specify					
Has tank been repaired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping (Material) (Mark all that apply)					
Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please specify					
6. Piping (Type) (Mark all that apply)					
Suction: no valve at tank	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction: valve at tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has piping been repaired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. _____	Tank No. _____	Tank No. _____
7. Substance Currently or Last Stored In Greatest Quantity by Volume					
Gasoline	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Substance CERCLA name and/or, CAS number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixture of Substances Please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X. TANKS OUT OF USE, OR CHANGE IN SERVICE					
1. Closing of Tank					
A. Estimated date last used (mo./day/year)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Estimate date tank closed (mo./day/year)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Tank was removed from ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Tank was closed in ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Tank filled with inert material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Change in service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Site Assessment Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of a leak detected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

XI. CERTIFICATION OF COMPLIANCE (COMPLETE FOR ALL NEW AND UPGRADED TANKS AT THIS LOCATION)

Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. _____	Tank No. _____	Tank No. _____					
1. Installation										
A. Installer certified by tank and piping manufacturers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
B. Installer certified or licensed by the implementing agency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
C. Installation inspected by a registered engineer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
D. Installation inspected and approved by implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
E. Manufacturer's installation check-lists have been completed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
F. Another method allowed by State agency. Please specify.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
2. Release Detection (Mark all that apply)										
	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING
A. Manual tank gauging	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. Tank tightness testing	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
C. Inventory controls	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
D. Automatic tank gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
E. Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Interstitial monitoring double walled tank/piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Interstitial monitoring/secondary containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Automatic line leak detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Line tightness testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Other method allowed by Implementing Agency. Please specify.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Spill and Overfill Protection										
A. Overfill device installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Spill device installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OATH: I certify the information concerning installation that is provided in section XI is true to the best of my belief and knowledge.

Installer: _____

JOE HALL CONST
Name
DON GEEK INSTALLER
Position

Signature

Date

Company



WASHINGTON STATE UNDERGROUND STORAGE TANK NOTIFICATION FORM



4260037-232

IMPORTANT: PLEASE READ ALL INSTRUCTIONS ON PAGES I-1 AND I-2 BEFORE ENTERING INFORMATION.

- ABOVEGROUND TANKS MUST BE REPORTED IF THE CONNECTED UNDERGROUND PIPING COMPRISES AT LEAST 10% OF THE OVERALL STORAGE SYSTEM (TANK AND PIPING).
- A SEPARATE FORM MUST BE USED FOR EACH SITE, EXCEPT FOR SITES WITH ONLY ONE TANK EACH. SEE THE GENERAL INSTRUCTIONS (PAGE I-2) FOR THE DEFINITION OF A SITE AND DETAILS ON REPORTING SITES WITH ONE TANK EACH.
- THERE IS ROOM IN SECTION VI FOR INFORMATION CONCERNING 15 TANKS. IF YOU HAVE MORE THAN 15 TANKS, PHOTOCOPY BOTH PAGES OF SECTION VI BEFORE ENTERING ANY INFORMATION. (IF YOU HAVE MORE THAN ONE SITE, EITHER OBTAIN MORE FORMS FROM THE DEPARTMENT OF ECOLOGY OR BE SURE TO ALSO PHOTOCOPY THIS PAGE.)
- PLEASE TYPE, OR PRINT IN INK; THE SIGNATURE UNDER "CERTIFICATION" (SECTION V) MUST BE SIGNED IN INK.

WAYA-037

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22a
too

DEPT. OF ECOLOGY

APR 24 86 004148

6/25/86
STATE USE ONLY 6/25/86

I. OWNERSHIP OF THE TANK(S)

Please enter information regarding the owner of the tank(s). If the ownership of the tank(s) is uncertain, enter information regarding the owner of the property where the tanks are located, or information regarding the former owner of the tanks. Please circle the correct letter, indicating who the information given below refers to:

A. OWNERSHIP UNCERTAIN ☒ B. CURRENT OWNER OF TANK(S) C. FORMER OWNER OF TANK(S) D. PROPERTY OWNER

E. OTHER (PLEASE SPECIFY):

ALLEN L MYERS

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

RT 1 BOX 1962

Street Address

TOPPENISH WA 98948

City

State

ZIP Code

YAKIMA (b)(6)

County

Area Code

Phone Number

Type of Owner or Facility: CIRCLE CORRECT CODE(S)

CODE	TYPE	CODE	TYPE	CODE	TYPE	CODE	TYPE
A.	Service Station	G.	Industrial/Manufacturing	M.	City/Town	S.	Port District
B.	Bulk Plant	H.	Private Institution	N.	County	T.	Utility District
C.	Petroleum Distributor	I.	Residence (Non-Farm)	O.	State	U.	Fire Dept./District
<input checked="" type="radio"/> D.	Convenience Store	J.	Farm	P.	Federal (Military)*	V.	Other Special Service District (e.g., sewer, water)
E.	Auto Dealer	K.	Airport	Q.	Federal (Non-Military)*	W.	Other
F.	Other Commercial/Retail	L.	Marina	R.	School District		

*FEDERAL FACILITIES ONLY: Please give your GSA Facility ID Number (Building Number).

II. CONTACT PERSON AT THE TANK LOCATION

The contact person should be the individual responsible for regularly monitoring the operation of the tank(s).

DOUGLAS E DEYO

Name (If same as Section I, mark box here ☐)

MANAGER 309-848-2282

Job Title

Area Code

Phone Number

III. SITE OF THE TANK(S)

(If the same as Section I, mark box here. ☐)

See the General Instructions (Page I-2, 2.a.) for the definition of a site.

HAROLDS GENERAL MERCHANDISE

Facility Name or Company Site Identifier, as applicable. (IF THE FACILITY IS OPERATED BY A LEASEE OR RENTER, THE NAME OF THE CORPORATION, INDIVIDUAL, PUBLIC AGENCY, OR OTHER ENTITY WHICH OPERATES THE FACILITY SHOULD BE ENTERED HERE.)

4 SOUTH MAIN STREET

Street Address or State Road where the tanks are located. (IF NO STREET ADDRESS OR STATE ROAD, PLEASE ENTER THE LONGITUDE AND LATITUDE OR TOWNSHIP, RANGE, AND QUARTER SECTION WHERE THE TANKS ARE LOCATED.)

WARRAH WA 98933

City

State

ZIP Code

YAKIMA 509-848-2282

County

Area Code

Phone Number

IV. THE TOTAL NUMBER OF TANKS AT THIS SITE

1. Number of tanks containing petroleum, which are now in use: 2
2. Number of tanks which have stored petroleum, but are not now in use:
3. Number of tanks containing regulated chemicals, which are now in use:
4. Number of tanks which have stored regulated chemicals, but are not now in use: 2

TOTAL NUMBER OF TANKS

Please mark this box if the site is located on land within an Indian reservation or on other Indian trust lands ☒

YAKIMA

V. CERTIFICATION (Please read and sign after completing Section VI.)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents. To the best of my knowledge and belief, the submitted information is true, accurate, and complete.

DOUGLAS E. DEYO
MANAGER

Name and official title of owner or owner's authorized representative or, in cases where the ownership is unknown, the name and title of the person signing the form. (PLEASE TYPE OR PRINT IN INK.)

4-21-86

Date Signed

Douglas E. Deyo

Signature (PLEASE SIGN IN INK)

VI. INFORMATION REGARDING INDIVIDUAL TANKS (See instructions regarding individual tanks, Page I-2)

[illegible]

INSTRUCTIONS FOR MAILING THE FORM

When the notification form is fully completed and signed, staple any photocopies of Section VI to page one of the form (not the instructions), with page one in the front. (Please staple once in the upper right corner.) The forms may then be folded and placed in an envelope for mailing or may be folded as described below for mailing without an envelope. FOR MAILING WITHOUT AN ENVELOPE: Fold the form(s) in half along the line in the center of the page, so that these instructions are on the outside, at the top. Then fold in half again, so that these instructions are still on the outside. When you turn the folded form(s) over, Ecology's address should be in the center, with blank lines for the return address in the upper left corner. Please enter your return address, staple once where shown, place the correct postage in the upper right corner, and mail.

PLEASE INDICATE THE NUMBER OF PHOTOCOPIED SHEETS ATTACHED (IF ANY) 0

Underground Storage Tank Notification
Solid and Hazardous Waste Program
Department of Ecology
Mail Stop PV-11
Olympia, Washington 98504-8711



STAPLE HERE WHEN FOLDED

HAROLD'S GEN. MERCH.
PO BOX 192
HARRAH, WA 98933

THIS IS AN UNDERGROUND STORAGE TANK NOTIFICATION FORM. A RECENT FEDERAL LAW REQUIRES UNDERGROUND TANK OWNERS TO NOTIFY THE DEPARTMENT OF ECOLOGY OF THEIR TANKS BY MAY 8, 1986. (CERTAIN ABOVEGROUND TANKS ARE ALSO INCLUDED.) PLEASE OPEN FOR FURTHER INFORMATION.

IMPORTANT

MANAGER
HAROLD'S GENERAL MERCH.
P.O. BOX 192
HARRAH, WA 98933



Underground Storage Tank Notification
Solid and Hazardous Waste Program
Department of Ecology
Mail Stop PV-11
Olympia, Washington 98504-8711

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